
2015 PQRS OPTIONS FOR INDIVIDUAL MEASURES: REGISTRY ONLY

DESCRIPTION:
Percentage of all stress single-photon emission computed tomography (SPECT) myocardial perfusion imaging (MPI), stress echocardiogram (ECHO), cardiac computed tomography angiography (CCTA), and cardiovascular magnetic resonance (CMR) performed in patients aged 18 years and older routinely after percutaneous coronary intervention (PCI), with reference to timing of test after PCI and symptom status

INSTRUCTIONS:
This measure is to be reported once per procedure of cardiac stress imaging (ie, SPECT, MPI, CCTA, and CMR) for patients seen during the reporting period. There is no diagnosis associated with this measure. It is anticipated that clinicians who provide the physician component of diagnostic imaging studies for cardiac stress will submit this measure.

Measure Reporting via Registry:
CPT codes and patient demographics are used to identify patients who are included in the measure’s denominator. The listed numerator options are used to report the numerator of the measure.

The quality-data codes listed do not need to be submitted for registry-based submissions. These codes may be submitted for those registries that utilize claims data. There are no allowable performance exclusions for this measure.

DENOMINATOR:
All instances of stress single-photon emission computed tomography (SPECT) myocardial perfusion imaging (MPI), stress echocardiogram (ECHO), cardiac computed tomography angiography (CCTA), or cardiac magnetic resonance (CMR) performed on patients aged 18 years and older during the reporting period

Denominator Criteria (Eligible Cases):
Patients aged ≥ 18 years on date of encounter
AND
Cardiac Stress Imaging Performed – Procedure Codes (CPT): 75559, 75563, 75571, 75572, 75573, 75574, 78451, 78452, 78453, 78454, 78491, 78492, 78494, 93350, 93351

NUMERATOR:
Number of stress SPECT MPI, stress echo, CCTA and CMR performed in asymptomatic patients within 2 years of the most recent PCI

NUMERATOR NOTE: A lower calculated performance rate for this measure indicates better clinical care or control. This measure is assessing overuse of cardiac stress imaging in asymptomatic patients that received PCI. Clinical quality outcome is cardiac stress imaging NOT performed on patient who is asymptomatic or low CHD risk.

Numerator Options:
Performance Met: Cardiac Stress Imaging performed primarily for monitoring of asymptomatic patient who had PCI within 2 years (G8963)

OR
Performance Not Met: Cardiac Stress Imaging test performed primarily for any other reason than monitoring of asymptomatic patient who had PCI within 2 years (eg, symptomatic patient, patient greater than 2 years since PCI, initial evaluation, etc.) (G8964)

RATIONALE:
Diagnostic testing, such as stress SPECT MPI, stress echocardiography, CCTA and CMR, is used to detect disease and provide risk assessment used to modify treatment strategies and approaches. Information provided by such testing can initiate, modify and stop further treatments for coronary heart disease (medications and revascularization) which have an impact on patient outcomes.

In addition, false positives and false negatives can adversely impact the patient and their treatment outcomes. Lastly, radiation from stress SPECT MPI and CCTA poses a minimal but still important consideration for patient safety. Ensuring proper patient selection can avoid using resources in patients not expected to benefit from the testings and for which the associated risks would be unnecessary.

CLINICAL RECOMMENDATION STATEMENTS:
2005 PCI Guidelines

Text (No recommendations)

Neither exercise testing nor radionuclide imaging is indicated for the routine, periodic monitoring of asymptomatic patients after PCI without specific indications.


AUC Indications

2008 Appropriateness Criteria for Stress Echocardiography Indication 39: Risk Assessment: Post-Revascularization (PCI or CABG): Asymptomatic: Asymptomatic (eg, silent ischemia) prior to previous revascularization AND less than 2 years after PCI - Inappropriate (3)

Indication 40: Risk Assessment: Post-Revascularization (PCI or CABG): Asymptomatic: Symptomatic prior to previous revascularization AND less than 2 years after PCI - Inappropriate (2)


2009 Appropriate Use Criteria for Cardiac Radionuclide Imaging

Indication 59: Risk Assessment: Post Revascularization (PCI or CABG): Asymptomatic: Less than 2 years after PCI – Inappropriate (3)

2006 Appropriateness Criteria for CCT and CMR Indication 27. Detection of CAD: Post-Revascularization (PCI or CABG) (Use of CCTA): Evaluation for in-stent restenosis and coronary anatomy after PCI - Inappropriate (2)

2010 Appropriate Use Criteria for Cardiac Computed Tomography (J Am Coll Cardiol, 2010)